21 December, 2012

Recommendation not to start new patients on TREDAPTIVE™ (nicotinic acid/laropiprant, MSD) in light of results of HPS2-THRIVE cardiovascular outcomes study, which did not achieve primary endpoint

Dear Healthcare Provider,

MSD would like to inform you of the following new data and recommendations regarding TREDAPTIVE:

Summary

- The HPS2-THRIVE study (Heart Protection Study 2-Treatment of HDL to Reduce the Incidence of Vascular Events) of TREDAPTIVE (nicotinic acid/ laropiprant, MSD) modified-release tablets did not meet its primary endpoint of reduction of major vascular events which included the combination of coronary deaths, non-fatal heart attacks, strokes or revascularizations.

- In the study, adding TREDAPTIVE to statin therapy did not further reduce the risk of major vascular events.

- There was a statistically significant increase in the incidence of some types of non-fatal serious adverse events in the group that received TREDAPTIVE and statin compared to the group that received statin without TREDAPTIVE. Preliminary analyses suggest that the events fall within the following broad categories: blood and lymphatic, gastrointestinal, infections, metabolism, musculoskeletal, respiratory and skin. Additional analyses are ongoing to understand the adverse events within these categories.

- The independent research team at Oxford University is conducting additional analyses, including regional analyses, to further understand the results.

- Given the current understanding of these new data and until additional analyses can be completed, physicians should not begin new patients on TREDAPTIVE. MSD will continue to work with European Medicines Agency (EMA) and other regulatory authorities and provide updated information to healthcare providers.

The information in this communication has been agreed with the European Medicines Agency (EMA) and the Medicines Authority.

Further information on the safety concerns and recommendations

TREDAPTIVE is indicated for the treatment of dyslipidemia, particularly in patients with combined mixed dyslipidemia (characterized by elevated levels of LDL-C and TG and low HDL-C) and in patients with primary hypercholesterolemia (heterozygous familial and nonfamilial) in combination with HMG-CoA reductase inhibitors (statins), when the cholesterol lowering effect of HMG-CoA reductase inhibitor monotherapy is inadequate.

It can be used as monotherapy only in patients in whom HMG-CoA reductase inhibitors are considered inappropriate or not tolerated. Diet and other non-pharmacological treatments (e.g. exercise, weight reduction) should be continued during therapy with Tredaptive.

HPS2-THRIVE was designed to assess the effect of TREDAPTIVE on a composite endpoint of major vascular events. HPS2-THRIVE compared extended release niacin and laropiprant plus statin therapy versus statin therapy. The study enrolled 25,673 patients considered to be at high risk for cardiovascular events. Of those enrolled, 14,741 were from Europe and 10,932 were from China. Patients were followed for a median of 3.9 years. As noted above, the study did not achieve its primary endpoint. The study was not designed to assess directly the separate effects of either extended release niacin or laropiprant.

In addition, there was a statistically significant increase in the incidence of some types of non-fatal serious adverse events in the group that received TREDAPTIVE compared to the statin group. Preliminary analyses suggest that the events fall within the following broad categories: blood and lymphatic, gastrointestinal, infections, metabolism, musculoskeletal, respiratory and skin. Additional analyses are ongoing to understand the adverse events within these categories.

Given the current understanding of these new data and until additional analyses can be completed:

- Physicians should not begin new patients on TREDAPTIVE.
- For patients currently using TREDAPTIVE it is not necessary to stop TREDAPTIVE at this time.

Patients should talk with their doctor at their next appointment.

MSD is committed to working closely with the independent research team at Oxford University and regulatory agencies to better understand these results and determine next steps. We will also work diligently to ensure that updated information is shared with healthcare providers.

Call for reporting

Healthcare professionals should still report any suspected adverse reactions associated with use of Tredaptive to [LOCAL CONTACT DETAILS OF MAH]

Alternatively any suspected adverse reactions can also be reported to Medicines Authority Post-licensing Directorate, 203, Level 3, Rue D'Argens, Gzira GZR 1368, MALTA, or at:
http://www.medicinesauthority.gov.mt/pub/adr.doc.

Company contact point
If you have any questions or require additional information regarding the use of TREDAPTIVE, please call on 8007 4433.

Yours sincerely,

Dr Monica Kyriakou
Medical Manager

Annex:
SmPC